



PTO/SB/83 (03-02)  
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# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/189,702
Filing Date	November 10, 1998
First Name and Inventor	Alessandro SETTE
Group Art Unit	1644
Examiner Name	Ronald B. SCHWADRON
Attorney Docket Number	399632001920

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313

I hereby apply to withdraw as attorney or agent for the above identified application.

This request to withdraw is being made at the request of the applicant.

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1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

## CORRESPONDENCE ADDRESS

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☒ This request is made on behalf of myself and

☐ all attorneys/agents of record,

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number 25225

This request is enclosed in triplicate.

Name Kate H. Murashige - Reg. No. 29,959

Signature

*Kate H. Murashige*

Date

July 23 2003

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: 7/23/03

Signature: *Matt Russell*

(Matt Russell)

Please type a plus sign inside this box ☒Approved for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/189,702 ✓	
	Filing Date	November 10, 1998	
	First Named Inventor	Alessandro SETTE	
	Group Art Unit	1644	
	Examiner Name	Ronald B. SCHWADRON	
Total Number of Pages in This Submission	4	Attorney Docket Number	399632001920

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  Request to Withdraw as Attorneys of Record (in triplicate); postcard
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Kate H. Murashige, Reg. No. 29,959 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, CA 92130-2332
Signature	<i>Kate H. Murashige</i>
Date	July 23 2003

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Dated: 7/23/03

Signature: *Matt Russell* (Matt Russell)